

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

SAN JOSE PD
Division, Department, or Region (if applicable)

BOI - FINANCIAL CRIMES

Designated Agency Contact (Name, Title)

LT. E. PEDREIRA #3104 / SGT BRAVO #3312

Area Code/Phone Number

408-277-4401

E-mail

3104@SANJOSECA.GOV/
3312@SANJOSECA.GOV

RECEIVED Date Stamp
San Jose City Clerk
Mail Ea
2019 JAN 31 AM 11:47

California Form 802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 99.00

Event Description: CONCERT / FOOFIGHTERS Date(s) 9, 12, 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: _____

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: LT. E. PEDREIRA / SGT R. BRAVO
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
CITY OF SAN JOSE, SAN JOSE PD - FINANCIAL CRIMES UNIT	16	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: [Signature] #3104 RICHARD BRAVO #3312 SERGEANT 09/20/2018
Print Name Title (month, day, year)
for R. 3. 3312

Comment: _____